

RECETVED 3/27/14 REPORT#1

WITOK BINT WINNITED TO THE	CLI OIVI		RECEIVEL	) 3/2//14 belgin #1
Complete this report at the time of the regular monthly Complete this report whenever the instrument is servi- Retain the original and send a copy within 15 days to	ced or repaired and whe	enever it is placed	ceed 35 days REVIEWED By Carol Day at Into service.	t 2:31 pm, Apr 01, 2014
500080 NAME OF AGENCY Missouri State Hi	ghway Patrol		DATE OF INSPECTION 03/18/2014	
LOCATION OF INSTRUMENT (STREET AND CITY) 2920 North Shamrock Road, Jefferson City			TIME OF INSPECTION 11:15:26	
CHECKLIST: Place a mark in the box by each item if values where determined). Unmarked items must be determined.	found to be satisfactory corrected before using it	or is operating winstrument.	ithin established limits. (Wr	ite in observed
☑ DIAGNOSTIC RECORD				
DATE AND TIME <u>03/18/2014 11:15:28</u>	. 🖾 [	DETECTOR		
☑ PROGRAM	⊠ F	FILTER 1		
☑ SAMPLE CHAMBER 48.8°C	⊠ F	FILTER 2		
☑ BREATH TUBE 48.1°C	<u> </u>	FILTER 3		
<b>⊠</b> PUMP	☑ Ⅰ	NTERNAL STANI	DARD	
BREATH ANALYZER ACCURACY STANDARDS				
☐ SIMULATOR STANDARD	⊠ (	COMPRESSED E	THANOL-GAS MIXTURE	
☑ STANDARD SUPPLIER ILMO	LOT# <u>219</u>	13080A4	EXP. DATE <u>09/</u> (	01/2015
☐ SIMULATOR TEMP (34°C ± 0.2°C)	SIMULATOR	SN	SIMULATOR EXP DATE	
□ CALIBRATION CHECK - (ONLY ONE STAND)     Run three tests using a standard. All three tests n     of .005 or less. Mark the box corresponding to th     □ 0.10% STANDARD - MUST READ BET     □ 0.08% STANDARD - MUST READ BET     □ 0.04% STANDARD - MUST READ BET	e standard being used. WEEN 0.095% AND 0.1 WEEN 0.076% AND 0.0	105% INCLUSIVE 084% INCLUSIVE		
TEST 1: 0.077 TES	ST 2: 0.077	TEST 3: 0.077		
☑ PERFORM R.F.I. TEST				
INDICATE THE NUMBER OF BREATH TESTS IN	THE FOLLOWING RA	ANGES SINCE T	HE LAST MAINTENANC	E REPORT:
REFUSALS: 0 004: 0 .05-	.09: 0 .10	14: 0	.1519: <b>0</b>	OVER .19: 0
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICAT ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)	ION THAT WAS MADE TO RESTO	ORE THE INSTRUMENT T	O OPERATE SATISFACTORILY AND	WITHIN
Updated instrument software to Ver. 43403-B.				
INSPECTING OFFICER				
SIGNATURE (author) Sawer		TFULL NAME EWAYNE D CA	RVER	
TYPE II PERMIT NUMBER 230101	EXPIRATION DATE 05/28/2015	TELEPHONE NU 573-751-		
	h Alcohol Program, MO least District Office James Blvd, Poplar Blut	•	ealth and Senior Services	



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 6265 I-0790 217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

#### **Certificate of Analysis**

Certificate ID:

5180

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

21913080A4

Expiration:

9/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Component:

Concentration:

Accuracy:

Method:

Ethanol

208.4 ppm

+/- 0.002 or 2%

**NDIR** 

Nitrogen

Balance

**BAC** whichever

is greater

\*NIST Standard Reference Material Cylinder No. CC14290 / Job No. 09160202 Certified 212.8 µmol/mol Ethanol in Nitrogen for ILMO Products Co., Jacksonville, IL

Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

17025:2005 Accredited Laboratory

ISO/IEC 17025:2005 Accredited Laboratory



## STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



### PERMIT TYPE II

## DEWAYNE D CARVER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

# ALCO-SENSOR IV W/PRINTER, DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

ATE	05/28/2013	Ma In the
UMBER _	230101	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
XPIRES _	05/28/2015	Acting Director
(0 + 0) +110 000 0		DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SER

MO 580-0771 (6-10)

ARTMENT OF HEALTH AND SENIOR SERVICES